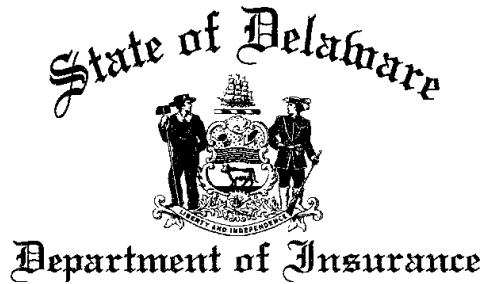


INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739-4251
FACSIMILE (302) 739-5280

RISK RETENTION GROUP/RISK PURCHASING GROUP REQUIREMENTS

A foreign Risk Retention Group (RRG) or Risk Purchasing Group (RPG) must provide the Delaware Department of Insurance with the following:

- name, address, zip code, phone number and state of domicile of RRG or RPG.
- type of insurance to be provided.
- name, address, zip code, phone number and state of domicile of insurance company
or companies providing insurance for purchasing groups.
- certificate of compliance from the state of domicile of the insuring company.
- certificate/articles of incorporation and any amendments.
- completed NAIC Registration Form (attached).
- Federal Employer's Identification Number (FEIN).
- NAIC number if RRG.

The Delaware Department of Insurance does not regulate domestic RPG's; however, a RPG must purchase insurance from insurance companies licensed in the State of Delaware, or from an approved Surplus Lines insurer. Rates and forms must be filed with the Department.

The Insurance Commissioner of the State of Delaware should be appointed agent for service of process.

Any person acting, or offering to act as an agent or broker for a RPG should be properly licensed in his or her home state. Non-resident licensing is not required for RPG solicitation as long as the agent/broker is properly licensed in his or her home state.

As of July 1, 2001, initial registration fee for a RRG or a RPG is \$100.00. The annual renewal fee is \$50.00.

A premium tax of 2% is due for risk written and located in Delaware. A RRG is required to file an annual financial statement due March 1st.

Contact: Georgia Oxford (Georgia.Oxford@state.de.us)
302-674-7346 FAX: 302-739-2709

STATE OF DELAWARE

APPLICATION FOR REGISTRATION AS A PURCHASING GROUP
(ALL INFORMATION SHOULD BE TYPED)

1. List the exact name of the Purchasing Group.

2. Indicate the form of organization or incorporation.

3. The Purchasing Group is domiciled in the State of.

4. List any other names under which the Purchasing Group is or may be doing business in this State or any other State if different than above.

5. List the complete physical address of the Purchasing Group.

6. List the name, address and telephone number of the principal staff person or officer of the Purchasing Group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier.

- 6A. List the name, address and telephone number of the firm that acts as the administrator of the Purchasing Group and the name of the principal account executive responsible for the group's insurance program. (If none, answer none).

- 6B. List the name of the principal agent or broker responsible for the sale or purchase of the group's liability insurance (If none, answer none).

7. List the names, addresses and occupation of the principal officers and directors of the Purchasing Group. Attach additional pages if necessary.

Principal Officers

Principal Directors

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8. The Purchasing Group is composed of members whose business or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar, or common business, trade, product, services, premises or operation. Give a general description of business or activities engaged in by purchasing group members.

9. The Purchasing Group has as one of its purposes the purchase of liability insurance on a purchasing group basis.

10. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item (8) above.

11. The Purchasing Group intends to purchase the following lines and classifications of liability insurance.

12. The Purchasing Group intends to purchase the liability insurance described in item (11) above from the following insurance company or companies. Give full name of the company, state of domicile and EIN.

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13. List the name and address of the licensed agent or broker through whom purchases will be affected. Complete this item only if purchase of insurance is to be made from a surplus lines insurer, rather than from a licensed insurer.

14. If the Purchasing Group transacts insurance business by means of a “direct offering” (without using insurance agents to market its program), list the name and address of each person not listed in (13) above who will be transacting business on behalf of the purchasing group. (You need not include the name of licensed insurance agents duly appointed by an admitted insurer).

15. Has any person transacting business on behalf of this Purchasing Group ever:

(a) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? _____

(b) had denied any application for a professional, vocational or business license? _____

© had suspended or revoked any such license? _____

(d) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? _____

If the answer to any part of these questions are yes, attach a supplementary statement explaining in full each such occurrence.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President/Chief Executive Officer

Secretary

Sworn before me this _____ day of _____, _____
Notary Public State of _____
My Commission Expires _____

STATE OF DELAWARE

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The Group _____, a Purchasing Group (called the Group) duly organized under the Laws of the State of Delaware, appoints the Insurance Commissioner (Director, Superintendent) of the State of Delaware, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any have the same legal validity as if served personally upon the Group.

The Group gives the Insurance Commissioner (Director, Superintendent) and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that the Insurance Commissioner (Director, Superintendent) shall withdraw only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 4(e) of this Liability Risk Retention Act of 1986.

The Group designated [_____] whose address is { _____ } as the person to whom process against the Group served upon the Commissioner (Director, Superintendent) shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed to it as the City of _____, State of _____, this _____, day of _____, _____.

Attest:

Secretary

Name of Risk Purchasing Group

By:

President